



Placement and Residential Licensing Unit

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

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Notice of Serious Incident

Case Number: 020382

Date of Incident: 4/5/2024

Date Received: 4/8/2024

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Resident, [REDACTED], was sent out by order of Physician to Forrest City Medical Center for for X-ray to right hand, after complaint of pain to Nurses and swelling noted. Resident describes pain/swelling comes from punching a door the previous day. Resident returned to the milieu 04.05.2024 at 1335 (1:35 pm cst) with no new injury noted or new

Interim Action Narrative: Order received for an x-ray at FCMC.

Maltreatment Narrative:

Licensing Narrative: Program Coordinator reviewed provider reported incident for licensing concerns. Documentation provided by facility.